

<b>Case Number:</b>	CM13-0070299		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	11/29/2007
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 37-year-old female who reported a work related injury on 11/29/2007. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of recurrent posterior instability, subacromial impingement syndrome, and rotator cuff tendinitis status post-surgery and left shoulder subacromial impingement syndrome and possible rotator cuff tendinitis. The injured worker's past treatment has included surgical intervention and medication management. The injured worker's diagnostic studies included an MR arthrogram of the right shoulder on 03/08/2012 which revealed right shoulder instability. The injured worker's surgical history consists of a right shoulder arthroscopy with the intra-articular debridement of the labral fraying and synovitis and arthroscopic pan capsular plication was performed on 01/22/2013. Upon examination on 02/20/2014, the injured worker continued to report mild constant right shoulder pain which increased with overuse. The injured worker stated that her right shoulder pain is located throughout the entire shoulder with radiation of the pain to her triceps associated with frequent stiffness mainly in the morning as well as some clicking and popping. The injured worker also stated she had left shoulder soreness which she attributes to overcompensation from her right shoulder problems. It is noted that her left shoulder pain is located throughout the entire shoulder associated with clicking and popping as well as some difficulty with overhead use of both of her shoulders. She also continued to have numbness and tingling in her right ring finger and right little finger on her right hand which has been present since she underwent the right shoulder Bristow procedure in 2008. On physical examination, it was noted that the injured worker's flexion was 150 degrees, abduction 130 degrees, and external and internal rotation 175 degrees, with minimal crepitus with range of motion of the right shoulder. The injured worker's prescribed medications include Voltaren, Flexeril, and Vicodin as needed for pain. The injured worker's treatment plan consisted of continuing prescribed

medications and returning for a 6 week follow-up. The rationale for the request was migraine headaches. A Request for Authorization form was not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Imitrex 100mg migraine headaches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans

**Decision rationale:** The Official Disability Guidelines recommend Triptans for migraines sufferers. Marked doses, oral Triptans are effective and well tolerated. This among them is in general relatively small, but clinically relevant for individual patients. A poor response to 1 Triptans does not predict a poor response to other agents in the class. In regard to the injured worker, the injured worker stated she has experienced a decreased neck pain as well as more frequent migraine headaches. However, within the documentation provided for review, there is a lack of documentation of the injured worker's headache to support the diagnosis of migraine type headaches. As such, the request for Imitrex is not medically necessary.